



2016

**BENEFIT
HIGHLIGHTS
EFFECTIVE**

January 1, 2016

Active Employees

PLAN YEAR BEGINNING January 1, 2016

Lancaster County recognizes benefits are an important part of your total compensation. Each year at this time, we work with our benefit providers to carefully review benefits and search for ways to maintain the quality of our benefit plans, and at the same time meet the benefit needs of you and your family. This brochure summarizes the options available to you and outlines what your contributions will be for the duration of the plan year.

As a healthcare consumer, it is very important that you educate yourself about the various health plans being offered. In making your elections, you should consider the benefits, ease of obtaining healthcare, costs, and how well the plan meets the needs of you and your family.

If you have further questions about the information contained in this brochure or about any of the benefit options, please don't hesitate to contact your Personnel Department.

Eligibility Information

Employees working a minimum of 30 hours per week (or 130 hours per month) are eligible to participate and receive coverage effective on the first day of the month following the date of hire or the first day of the month after completing 60 days of continuous employment, provided enrollment is made within 31 days of the eligibility date. MSS and Deputies are eligible the first of the month following their date of hire. The effective date will be determined by Lancaster County.

Eligibility for medical benefits under the Plan shall be determined in accordance with the employer shared responsibility provisions of the Patient Protection and Affordable Care Act of 2010, as amended by the Health Care and Education Reconciliation Act of 2010.

- Variable Hour Employees - 1st of the month following a 52 week look-back period if employee averages 30 or more hours per week.
- For those Employees who are considered "variable hour employees", and not eligible to participate in the Medical Plan upon hire, the standard measurement period shall be the 12-month period from October 15 of one calendar year through October 14 of the following calendar year. The associated administrative period shall be from October 15 through December 31 immediately following the standard measurement period. The associated stability period shall be the Plan Year immediately following the administrative period.
- Newly hired "variable hour employees" shall have a 12-month initial measurement period beginning on the first day of the calendar month following the date of hire, followed by the associated initial stability period.

Please see carrier Summary Plan Descriptions for further eligibility information.

Eligibility Information continued

In order to make a change outside of open enrollment, there must be a change in family status which satisfies HIPAA regulations, such as losing health coverage under another plan, marriage, divorce, birth, adoption or death. The appropriate change forms must be submitted within 30 days of the qualifying event. Please see your Personnel Department for details.


Benefits Selection

FULLY PAID BY Lancaster County	Basic Life and AD&D Long Term Disability	Hartford Life Administered by the County
COST SHARED BY Employees and Lancaster County	Medical Dental	BCBS Ameritas
100% EMPLOYEE PAID	Voluntary Vision Insurance Voluntary Life Insurance Health Flexible Spending and Dependent Care Accounts	EyeMed Hartford Life Navia Benefit Solutions (formerly Flex-Plan Services)

MEDICAL




Lancaster County offers the Medical Plan(s) through Blue Cross and Blue Shield of Nebraska. In addition to dollar and percentage copays, members are responsible for deductibles, as described in the summary. Please review the Summary of Benefits for deductible information. Members are also responsible for any costs over the plan maximums. Please see the BCBS benefit summary for a more complete description of benefits.

	All Eligible Employees FOP 29-LSDA (D)	
	In Network	Out of Network
Annual Deductible	\$600/Individual \$1,200/Family	\$1,200/Individual \$2,400/Family
Office Visits Primary Care Physician (PCP) Specialist	\$20 Copay PCP or \$20 Specialist	40% after deductible
Preventive Care Services (Please see plan summary for details on covered services)	100%	40% after deductible
Urgent Care Centers (single copay applies to each urgent care visit)	\$40 Copay	40% after deductible
Out-of-Pocket Limit (Includes the Deductible)	\$1,800/Individual \$3,600/Family	\$3,200/Individual \$6,400/Family
Lifetime Plan Maximum	Unlimited	
Inpatient Hospitalization	20% after deductible	40% after deductible
Outpatient Hospital Services	20% after deductible	40% after deductible
Emergency Room	\$150 Copay, 20% after deductible Copay waived if admitted within 24 hours for the same diagnosis	

 BlueCross BlueShield of Nebraska	All Eligible Employees FOP 29-LSDA (D)
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Prescription Drug Benefits		
Rx Out-of-Pocket Limit	\$3,000/Individual \$6,000/Family	Add: 25% Penalty to all Out-of-Network Rx
Generic (generic mandatory)	Minimum - \$5 Maximum - \$25 Coinsurance – 25%	Minimum - \$5 Maximum - \$25 Coinsurance – 25%
Formulary Brand Name	Minimum - \$25 Maximum - \$50 Coinsurance – 25%	Minimum - \$25 Maximum - \$50 Coinsurance – 25%
Non-Formulary Brand Name	Minimum - \$50 Maximum - \$75 Coinsurance – 50%	Minimum - \$50 Maximum - \$75 Coinsurance – 50%
Specialty	Minimum - \$75 Maximum - \$100 Coinsurance – 25%	Not Covered
Mail Order (90 day supply)	2 times Retail	Not Covered

 BlueCross BlueShield of Nebraska	All Eligible Employees AFSCME (A & G), Unrepresented (C), Excluded (E), FOP 32-correctional officers (J), Unclassified-MSS (M), FOP 77-juvenile detention officers (Y)	
	In Network	Out of Network
Annual Deductible	\$600/Individual \$1,200/Family	\$1,200/Individual \$2,400/Family
Office Visits Primary Care Physician (PCP) Specialist	\$20 Copay PCP or \$20 Specialist	40% after deductible
Preventive Care Services (Please see plan summary for details on covered services)	100%	40% after deductible
Urgent Care Centers (single copay applies to each urgent care visit)	\$40 Copay	40% after deductible
Out-of-Pocket Limit (Includes the Deductible)	\$2,600/Individual \$5,200/Family	\$4,400/Individual \$8,800/Family
Lifetime Plan Maximum	Unlimited	
Inpatient Hospitalization	20% after deductible	40% after deductible
Outpatient Hospital Services	20% after deductible	40% after deductible
Emergency Room	\$150 Copay, 20% after Deductible, Copay waived if admitted within 24 hours for the same diagnosis	

Prescription Drug Benefits		
Rx Out-of-Pocket Limit	\$3,000/Individual \$6,000/Family	Add: 25% Penalty to all Out-of-Network Rx
Generic (generic mandatory)	Minimum - \$5 Maximum - \$25 Coinsurance – 25%	Minimum - \$5 Maximum - \$25 Coinsurance – 25%
Formulary Brand Name	Minimum - \$25 Maximum - \$50 Coinsurance – 25%	Minimum - \$25 Maximum - \$50 Coinsurance – 25%
Non-Formulary Brand Name	Minimum - \$50 Maximum - \$75 Coinsurance – 50%	Minimum - \$50 Maximum - \$75 Coinsurance – 50%
Specialty	Minimum - \$75 Maximum - \$100 Coinsurance – 25%	Not Covered
Mail Order (90 day supply)	2 times Retail	Not Covered

2016 MEDICAL PLAN EMPLOYEE MONTHLY CONTRIBUTIONS

AFSCME Clerical (A) AFSCME Engineers (G)

Employee	\$34.32
2/4- Party	\$231.74
Family	\$308.98

Unrepresented/Unclassified (C, E, MSS)

Employee	\$34.32
2/4- Party	\$231.74
Family	\$308.98

Deputy Sherrifs (FOP 29-D)

Employee	\$36.56
2/4- Party	\$246.88
Family	\$329.14

Juvenile Detention Officers (FOP 77-Y)

Employee	\$36.56
2/4- Party	\$246.88
Family	\$329.14

Correctional officers (FOP 32-J)

Employee	\$48.06
2/4- Party	\$309.00
Family	\$411.98

AMERITAS DENTAL



Lancaster County understands that your dental health is an important part of your comprehensive health care coverage and well-being. With routine examinations, minor dental problems can be diagnosed and treated before major, more costly problems set in.

Ameritas is our dental insurance provider. The Plan allows for the option of going out-of-network to any non-participating licensed dentist, however, your out of pocket costs will be greater if you choose to see an out of network provider.


Advantages of a Dental PPO:

- ◆ Negotiated discounts on dental fees
- ◆ No claim forms for services at a participating provider
- ◆ Low out-of-pocket costs
- ◆ If you choose a licensed dentist who participates in the PPO Dental Program network, your out-of-pocket expenses may be reduced

You must complete an enrollment form and turn it into your Personnel Department in order to enroll or make changes in your coverage.

In order to make a change outside of open enrollment, there must be a change in family status which satisfies HIPAA regulations, such as losing health coverage under another plan, marriage, divorce, birth, adoption or death. The appropriate change forms must be submitted within 30 days of the qualifying event. Please see your Personnel Department for details.

DENTAL BENEFITS

	All Eligible Employees	
	In Network	Out of Network
Annual Deductible	\$25/Individual \$50/Family	\$50/Individual \$100/Family
Waived for Preventive	Yes	Yes
Annual Plan Maximum	\$1,500	\$1,500
Preventive Services Ameritas Pays		
Diagnostic and Preventive Services	100%	100%
Basic Services Ameritas Pays		
<ul style="list-style-type: none"> – Fillings (Resin or Amalgam) – Endodontic and Periodontics – Surgical Extractions 	80%	80%
Major Services Ameritas Pays		
– Crowns and Cast Restorations	80%	50%
Orthodontia Services Ameritas Pays		
Orthodontics Lifetime Maximum	\$1,500	\$1,500
Orthodontic Services	50%	50%

**Please refer to your Evidence of Coverage for more detailed information on these benefits.*

2016 DENTAL PLAN EMPLOYEE MONTHLY CONTRIBUTIONS

AFSCME Clerical (A)
Juvenile Detention Officers (FOP 77-Y)
Unrepresented/Unclassified (C, E, MSS)

Employee	\$7.50
2/4- Party	\$16.93
Family	\$26.36

AFSCME Engineers (G)

Employee	\$4.50
2/4- Party	\$16.93
Family	\$26.36

Deputy Sheriffs (FOP 29-D)

Employee	\$0.00
2/4- Party	\$13.54
Family	\$21.09

Correctional Officers (FOP 32-J)

Employee	\$2.70
2/4- Party	\$22.01
Family	\$34.27

VISION PLAN



Eye health is an important part of your comprehensive health care coverage and well-being. Your vision plan provides routine examinations, coverage for frames and lenses every year.

EyeMed is our vision insurance provider. The EyeMed network doctors are located right where you need them – close to work, home and shopping centers. They provide exceptional care and offer a wide selection of frames to choose from.

VISION BENEFITS

Coverage	In-Network	Out-of-Network
Benefits are available every 12 months		
Exam	\$10 co-pay	Up to \$35
Contacts (medically necessary)	100% up to \$250 allowance	Up to \$200
Contacts (elective but prescribed)	100% up to \$115 allowance	Up to \$100
Single	100%	Up to \$25
Bifocal	100%	Up to \$40
Trifocal	100%	Up to \$55
Lenticular	100%	Up to \$55
Frame	100% up to \$100 allowance; 20% off remaining balance	Up to \$45
<i>Please refer to your Certificate of Insurance for more details on your coverage.</i>		

2016 VISION EMPLOYEE MONTHLY CONTRIBUTIONS

Employee	\$9.16
2-Party	\$17.40
4-Party	\$18.32
Family	\$27.28

GROUP LIFE/AD&D



Life insurance is an important part of your benefits package. It provides financial protection to you and your family in the event of death or serious accident. All active eligible employees are automatically enrolled in the Basic Life and Accidental Death and Dismemberment Insurance Program. Lancaster County pays 100% of this premium for you. However, you must complete and sign an enrollment form and beneficiary form and return it to the Personnel Department. The effective date of this coverage varies by class; please see your plan document for further details.

Lancaster County:

Class 1: All American Federation of State, County and Municipal Employees

Class 2: All Lancaster County Deputy Sheriff's Association Employees

Class 3: All Corrections Officers

Class 4: All Un-Represented Employees

Class 5: All Elected Officials

Class 6: All Exempt Unclassified County Employees not subject to a collective bargaining agreement, excluding Sheriff's Deputy Captains

Class 7: Unclassified Lancaster County Deputy Sheriff's Captains

Life and AD&D Benefits	
County:	
Classes 1, 2, 4, and 7	\$30,000
Class 3	\$24,000
Classes 5 and 6	\$50,000

VOLUNTARY LIFE and AD&D



In addition to your Basic Life and AD&D benefits, Hartford Life has an assortment of Voluntary Life and AD&D options to meet you and your family's needs. Hartford Life provides additional benefits in increments of \$10,000 up to \$250,000 (but no more than 5X Salary) without Evidence of Good Health, or a maximum amount of \$500,000 (but no more than 5X Salary) with Evidence of Good Health.

A dependent spouse may be covered up to 50% of the Amount of Life Insurance in force for the employee. Coverage may be elected in increments of \$5,000, subject to a maximum of \$50,000 without Evidence of Good Health, or a maximum of \$100,000 with Evidence of Good Health.

Eligible dependent children may also be covered in increments of \$1,000 up to \$10,000 without Evidence of Good Health.

For current employees: if you did not enroll when first eligible, you will be considered a late entrant and will have to provide Evidence of Good Health and receive approval from Hartford Life in order to be covered by the plan.

VOLUNTARY GROUP LIFE/AD&D RATES

MONTHLY RATES	
Age	Combined Life/AD&D Employee and Spouse Rates per \$1,000 of Coverage
Under 30	\$ 0.1030
30-34	\$ 0.1120
35-39	\$ 0.1390
40-44	\$ 0.1840
45-49	\$ 0.2740
50-54	\$ 0.4360
55-59	\$ 0.6520
60-64	\$ 0.9670
65-69	\$ 1.7410
70-74	\$ 3.0100
75+	\$ 4.9450
Child Life Rate per \$1,000	\$ 0.14

LONG-TERM DISABILITY



In addition to your life insurance benefits, Lancaster County provides you with a Civilian Long Term Disability policy at no cost to you. You will be automatically enrolled after you've been employed for 6 months. This policy will assist in providing a source of income in the event of a disability.

SUMMARY OF LTD BENEFITS	If you are unable to work due to an illness or injury, benefits will be paid on the 61st day or exhaustion of sick leave, whichever is longer
Benefit Waiting Period	60 days or exhaustion of sick leave, whichever is longer
Benefit Percentage	60% of monthly earnings up to \$6,000 per month

You must apply for benefits while you are still a Lancaster County employee and submit required forms to the Personnel Department.

FLEXIBLE BENEFIT PLAN







Lancaster County also offers a flexible benefits program which allows you to save on the amount of federal and state income tax you must pay by reducing your gross income. This plan is called a Flexible Benefit Plan. Under the guidelines set up by the IRS, this plan allows employers to deduct the employee share of the monthly premiums out of your earnings before the deduction of mandatory taxes. This will reduce the amount of tax you pay.

January 1- December 31 Maximum Amounts	
Medical	\$2,550
Dependent (Annual Election for married filing jointly)	\$5,000

Additionally, this program allows the employee, through the employer, to set up a Health Flexible Spending Account and/or a Dependent Care Assistance Program account. The amount that you decide to set aside in each Flexible Spending Accounts will then be redirected each pay period into the designated account in your name and administered by Flex-Plan Services. During the year you can submit eligible expenses incurred by you or your eligible dependents for reimbursement from these accounts. Your actual tax savings depends on a number of factors, including your tax bracket and how much you set aside in the Flexible Spending Accounts.

IMPORTANT CONTACTS

	Coverage	Carrier	Telephone Number	Website
	Medical	BCBS of NE	800-642-8980	www.nebraskablue.com
	Dental	Ameritas	800-659-2223	www.ameritasgroup.com
	Long-Term Disability	Lancaster County	402-441-6510	http://lancaster.ne.gov/risk/pdf/lt_dbhs.pdf
	Vision	EyeMed	866-939-3633	www.eyemedvisioncare.com
	Life/AD&D, Basic Dependent Life Retiree Life, & Voluntary Life	Hartford Life	800-243-5433	www.thehartford.com
	Flexible Benefit Plan, Dependent Care	Navia Benefit Solutions (formerly Flex - Plan Services)	425-452-3500 Toll-Free: 1-800-669-3539	https://www.naviabenefits.com/

Complimentary Brochure provided by:



This brochure presents a brief overview of Lancaster County's benefits program and is not intended to be all-inclusive, nor is it to be used as a summary plan description. In the event of any conflict between this brochure and specific plan documents, the provisions of the plan documents will prevail. Lancaster County reserves the right to change or modify its benefit programs as appropriate without advance notification.